

Department of Public Health Medication Administration Program
MEDICATION OCCURRENCE REPORT (side one)

Agency Name		Date of Discovery	
Individual's Name		Time of Discovery	
Site Address (street)		Date(s) of Occurrence	
City/Town Zip Code		Time(s) of Occurrence	
Site Telephone No.		DPH Registration No.	MAP

A) Type Of Occurrence (As per regulation, contact MAP Consultant)

1 <input type="checkbox"/> Wrong Individual	4 <input type="checkbox"/> Wrong Medication (includes medication given without an order)
2 <input type="checkbox"/> Wrong Dose	5 <input type="checkbox"/> Wrong Time (includes medication not given in appropriate timeframe)
3 <input type="checkbox"/> Wrong Route	<input type="checkbox"/> Omission (subgroup of 'wrong time'--medication not given or forgotten)

B) Medication(s) Involved

	Medication Name	Dosage	Frequency/Time	Route
As Ordered:				
As Given:				
As Ordered:				
As Given:				
As Ordered:				
As Given:				

C) MAP Consultant Contacted (Check all that apply)

Type	Name	Date Contacted	Time Contacted
<input type="checkbox"/> Registered Nurse			
<input type="checkbox"/> Registered Pharmacist			
<input type="checkbox"/> Health Care Provider			

D) Hotline Events

Did any of the events below follow the occurrence? ☐ Yes ☐ No

If yes, check all that apply below, and within 24 hours of discovery fax this form to DPH (617) 753-8046 or call to notify DPH at (617) 983-6782 and notify your DMH/DCF, DDS, or MRC MAP Coordinator.

For All Occurrences, forward reports to your DMH/DCF, DDS, or MRC MAP Coordinator within 7 days.

<input type="checkbox"/> Medical Intervention (see Section E below)	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury	<input type="checkbox"/> Death
---	----------------------------------	---------------------------------	--------------------------------

E) MAP Consultant's Recommended Action

Medical Intervention ☐ Yes ☐ No If Yes, Check all that apply.

<input type="checkbox"/> Health Care Provider Visit	<input type="checkbox"/> Lab Work or Other Tests	<input type="checkbox"/> Clinic Visit
<input type="checkbox"/> Emergency Room Visit	<input type="checkbox"/> Hospitalization	
<input type="checkbox"/> Other: Please describe		

F) Supervisory Review/Follow-up

Contributing Factors: Check all that apply.

1 <input type="checkbox"/> Failure to Properly Document Administration	4 <input type="checkbox"/> Non-compliant Procedure
2 <input type="checkbox"/> Medication not Available (Explain Below)	5 <input type="checkbox"/> Failure to Accurately Record and/or Transcribe an Order
3a <input type="checkbox"/> Medication Administered by Non-Certified Staff (includes instances of expired or revoked Certification)	6 <input type="checkbox"/> Failure to Accurately Take or Receive a Telephone Order
3b <input type="checkbox"/> Medication Administered by a licensed nurse, employed on site. LPN <input type="checkbox"/> RN <input type="checkbox"/>	7 <input type="checkbox"/> Medication Had Been Discontinued
3c <input type="checkbox"/> Medication Administered by a licensed nurse, not employed on site (e.g., VNA)	8 <input type="checkbox"/> Other (Narrative Required)

Narrative: (If additional space is required, continue in box F-1)

Print Name	Print Title	Date
Contact phone number	E-mail address	

MEDICATION OCCURRENCE REPORT FORM (side two)

Agency Name		Date of Discovery	
Individual's Name		Time of Discovery	
Site Address (street)		Date(s) of Occurrence	
City/Town Zip Code		Time(s) of Occurrence	
Site Telephone No.		DPH Registration No.	MAP

F-1) Supervisory Review/Follow-up [continued from section F)]

Use this section if needed for additional narrative.

Contacts			
DMH/DCF Area MAP Coordinators	Contact Information	DDS Regional MAP Coordinators	Contact Information
Western Mass Area Office 1 Prince Street Northampton, MA 01060	Telephone Number: (413) 587-6269 Fax Number: (413) 587-6258	DDS Central West Regional Office 140 High St., Suite 301 Springfield, MA. 01105	Telephone Number: (413) 205-0914 Fax Number: (413) 205-1608
Central Mass Area DMH Hadley Building 167 Lyman St. Westborough, MA 01581	Telephone Number: (508) 616-2136 Fax Number: (508) 616-2859	Metro Region DDS Metro Regional Office 465 Waverley Oaks Road Suite 120 Waltham, MA 02452	Telephone Number: (781) 314-7506 Fax Number: (781) 398-0333
Southeast Area Office Learoyd Building P.O. Box 4007 Taunton MA 02780	Telephone Number: (508) 977-3456 Fax Number: (508) 977-3231	Northeast Region DDS Northeast Regional Office P.O. Box A Hathorne, MA 01937	Telephone Number: (978) 774-5000 ext-103 Fax Number: (978) 739-0417
Metro Boston Area Office 85 E. Newton Street Boston, MA 02118	Telephone Number: (857) 303-0285 Fax Number: (617) 626-9216	Southeast Region DDS Southeast Regional Office 151 Campanelli Drive, Suite B Middleboro, MA 02346	Telephone Number: (508) 866-8829 Fax Number: (508) 866-8859
Northeast Area 365 East Street P.O. Box 387 Tewksbury, MA 01876	Telephone Number: (978) 863-5038 Fax Number: (978) 863-5095	ABI/MFP Statewide MAP Coordinator	Contact Information
		1000 Washington Street 4th floor Boston, MA 02118	Telephone Number: (617) 624-7523 Fax Number: (508) 866-8859
Contacts			
MRC MAP Coordinators Statewide	Contact Information	MRC MAP Coordinators Statewide	Contact Information
Massachusetts Rehabilitation Commission 600 Washington Street 2nd floor Boston MA 02111	Telephone Number: (978) 697-2072 Fax Number: (617) 204-3889	Massachusetts Rehabilitation Commission 600 Washington Street 2nd floor Boston MA 02111	Telephone Number: (508) 612-5687 Fax Number: (617) 204-3889